

TITLE APPLICATION

VEHICLE SECTION					
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE
OWNER SECTION					
Owner 1 ID # _____		Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name _____			
Owner 2 ID # _____		Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name _____			
Residence Address (Individual) Business Address (Firm) _____					
City and State _____			Zip Code _____		Tax County _____
Mall Address (if different from above) _____					
LIEN SECTION					
FIRST LIEN			SECOND LIEN		
Date of Lien _____		ACCOUNT # _____		Date of Lien _____	
Lienholder ID# _____		Lienholder Name _____		Lienholder ID# _____	
Lienholder Name _____		Lienholder Name _____		Lienholder Name _____	
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
CHECK Appropriate Block/s					ODOMETER READING
<input type="checkbox"/> Title Only -- Vehicle Not in Operation <input type="checkbox"/> Exchanged Plate No. _____					<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Title and License Class of License _____					
<input type="checkbox"/> Plate No. Transferred _____					
<input type="checkbox"/> Truck Weight desired _____					
Expiration Date _____					
I certify for the motor vehicle described above that I have financial responsibility as required by law.					
Insurance company authorized in N.C. _____ Policy Number _____					
Date First Operated in N.C. _____	State of Last Registration _____	Passenger Capacity _____	N.C. Dealer No. _____	Empty Weight _____	Combined Gross Weight of Truck or Truck-Tractor with Trailer _____
Purchased <input type="checkbox"/> New <input type="checkbox"/> Used		Purchased for Use in N.C. <input type="checkbox"/> Yes <input type="checkbox"/> No			Purchase Date _____
Is This Vehicle Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		From Whom Purchased (Name and address) _____			SALES PRICE
If Yes, Attach Form 330		Equipment # _____			
DISCLOSURE SECTION					
All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked. <input type="checkbox"/> I (We) would like the personal information contained in this application to be available for disclosure.					
APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.					
I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.					
OWNER'S SIGNATURE _____					
Date _____		County _____		State _____	
I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).					
Notary Signature _____		Notary Printed or Typed Name _____			
(SEAL)		My Commission Expires _____			